Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.
Complaints Against Rural Doctors:

The impacts on the quality of rural health care services and on rural communities.

A thesis presented in partial fulfilment of the requirements for the degree of

Master
in
Management

at Massey University, Palmerston North,
New Zealand

Robert Frank Henderson
2003
Abstract

Investigations of health care complaints are assumed to improve the standards of health care but this belief has not been tested. Using a multiple case study in sixteen remote rural areas, this study examined the effects of formal investigations of complaints on the quality of health care services and the effects on the community. Data for the study were obtained from in-depth interviews, documents and observations.

Rural doctors, who struggled to cope with a heavy workload, isolation and many other difficulties, found the accusations of incompetence and the prolonged disciplinary process very threatening. The disciplinary process was more damaging than the findings. The effects of the process were: a few doctors developed a post-traumatic stress like disorder – being unable to cope with threatening situations, some doctors left and were difficult to replace, while others lost their enthusiasm for their work and adopted defensive medical practices. These defensive practices included setting up barriers to access, working more slowly, ordering more investigations and referring more people to secondary care. Other local health workers regarded the disciplinary process as a threat to them also and they adopted similar negative attitudes, as did many distant doctors who heard about the investigation. The fragile local health systems were damaged by the adversarial disciplinary process and became less efficient and less user friendly.

Rural communities became involved in the adversarial process and it appeared some complainants were subjected to community pressure. Complainants also had difficulty accessing further health care services and they appeared worse off for having complained.

There is an urgent need to develop better ways of dealing with complaints so that the complaint process may: find answers to the problems of health care delivery rather than damaging health care services, serve complainants better, and are fairer on health professionals. Many of the answers to a better system of
complaint management are to be found in studies on: quality control in organisations, error control, safe systems in aviation and similar studies.
Acknowledgements

Without the help of participants, this study would not have been possible. These people, who were invariably busy and tired, generously gave their time for lengthy interviews, help in providing documents, and in numerous other ways. I am most grateful for their assistance.

My deepest thanks extend to the two supervisors, Nicola North and Glenys Patterson who were always available to give advice and constant encouragement at all stages of the study. Their patience, wise advice or criticism and their willingness to give so much of their time was humbly appreciated.

I am indebted to numerous other people in particular, Jocelyn McIntosh and Maureen Calvert who typed out the many lengthy interviews, and Martin Tooke an ex-rural general practitioner who has listened to my various ideas and theories always giving thoughtful and wise comment.
# Table of Contents

Abstract .................................................................................................................... ii
Acknowledgements ................................................................................................. iv
Table of Contents .................................................................................................... v
List of Figures, Tables and Statutes.......................................................................... viii
Preface ....................................................................................................................... ix

## CHAPTER 1: INTRODUCTION .......................................................................... 1
The significance of the study .................................................................................... 2
Considerations in selecting a suitable research method ........................................... 4
Designing the case study ......................................................................................... 6
Study propositions .................................................................................................... 8
Definitions of terms .................................................................................................. 10
Structure of the thesis ............................................................................................... 12

## CHAPTER 2: LITERATURE REVIEW .............................................................. 13
Rural Communities and their health care: a review of the literature ......................... 13
Society in small rural communities ......................................................................... 13
Doctors in the social fabric of small rural communities .......................................... 18
The local health service in rural communities ......................................................... 22
New Zealand research on complaints against doctors ............................................ 29
Overseas studies on the effects of a complaint ......................................................... 34
The investigation of complaints .............................................................................. 35
Conclusion ................................................................................................................. 37

## CHAPTER 3: METHODOLOGY ..................................................................... 38
Ethical issues ............................................................................................................. 38
Recruitment of participants ..................................................................................... 39
Data collection .......................................................................................................... 40
Analysis of data ....................................................................................................... 44
Limitations of the study ........................................................................................... 48
Conclusion ................................................................................................................. 49

## CHAPTER 4: THE SETTING AND THE CASES ............................................. 50
The setting ................................................................................................................. 50
The cases .................................................................................................................... 51
Conclusion ................................................................................................................. 61
# Chapter 5: The Impact of the Complaint on Doctors and Associated Health Workers

- The experience of the disciplinary process ............................................... 63
  - Waiting and worrying ............................................................................ 64
  - The disciplinary hearing ....................................................................... 66
  - The immediate aftermath of the hearing ............................................. 68
  - Wounds that did not heal: The enduring effects .................................. 69
- Changes in doctors’ clinical practice ....................................................... 73
  - Defensive practices ................................................................................ 74
  - Attitudes to rural practice ..................................................................... 76
  - Attitude to the community .................................................................... 77
  - Attitude to official bodies ..................................................................... 78
  - Conclusions ............................................................................................ 80

# Chapter 6: The Impact of Complaints on Small Communities

**Bookmark not defined.**

- The doctor and complainant ................................................................. 83
- Community involvement ........................................................................ 85
- The complainant and the community ................................................... 86
- The complainant and other health workers ......................................... 87
- The doctor and the community .............................................................. 88
- The vendetta ............................................................................................. 90
- Complainants - their status within a small rural society ...................... 93
  - The majority of rural residents, who did not complain ...................... 93
  - Perceptions of the minority of residents who did complain ............... 96
  - Driving people out of town ................................................................ 99
  - Conclusion ............................................................................................... 100

# Chapter 7: The Final Outcome

- The changes in health services ............................................................... 102
- The doctors who stayed .......................................................................... 103
- The complainant ..................................................................................... 104
- Repairing bridges ................................................................................... 105
- Conclusion ................................................................................................. 105

# Chapter 8: Responses to Disciplinary Decisions from the Wider Medical Community

- Outrage ..................................................................................................... 106
- Rejection of the disciplinary decisions .................................................. 107
- Accounting for poor decisions ............................................................... 107
- What such judgements meant for the doctors ....................................... 110
The consequences of vulnerability and confusion .............................................. 111
Conclusion ......................................................................................................... 113

CHAPTER 9: DIFFERING PERSPECTIVES ON COMPLAINTS .............................. 114
Patients’ expectations and the conflicting duties of doctors .......................... 115
Community expectations and contrary professional codes of practice ......... 117
The place of trust in health care services ....................................................... 119
The origins of fault disciplinary systems ....................................................... 121
Inadequacies of the present disciplinary systems ......................................... 122
Conclusion ......................................................................................................... 130

CHAPTER 10: RE-EXAMINING COMPLAINTS AND QUALITY ............................. 132
The success of the disciplinary process in achieving its aims in the light of the case studies .......................................................................................................................... 132
Quality control in organisations ..................................................................... 137
Human error models and error management .................................................. 140
Defence systems against errors ....................................................................... 142
Error management ............................................................................................ 143
The impact of factors such as: sleep loss, sleep inertia, micro sleeps, fatigue, and stress on errors ................................................................. 145
Conclusion ......................................................................................................... 146

CHAPTER 11: REVISIONS OF COMPLAINT PROCEDURES ................................. 147
Ethical issues ..................................................................................................... 148
Competence ...................................................................................................... 149
Quality Assessment of Health Services ............................................................ 152
A Better System? ............................................................................................... 153
Attending to the needs of complainants .......................................................... 155
Conclusion ......................................................................................................... 156

CHAPTER 12: CONCLUSIONS AND RECOMMENDATIONS ............................... 159
Validity and limitations of the study ................................................................. 161
Further research ............................................................................................... 165
Recommendations ............................................................................................ 166

REFERENCES .................................................................................................... 168

APPENDICES .................................................................................................... 182
Appendix A: Information Sheet for Participants ............................................. 183
Appendix B: Consent Form ................................................................................ 184
Appendix C: Prompt Sheet ................................................................................ 185
Appendix D: Ethical approval ........................................................................... 186
Appendix E: Checklist of background factors ......................................................... 187

List of Figures, Tables and Statutes

FIGURES
Figure 1 Vertical and horizontal analysis of cases .............................................. 46
Figure 2 Swiss cheese model of multiple safe systems ................................. 144
Figure 3 A schematic representation of a complaints handling system ......... 158

TABLES
Table 1 The interview participants ................................................................. 53

STATUTES
The Accident Compensation Act of 1972 .................................................... 35,36
The Health and Disability Commissioner Act 1994 .................................... 35,36
The Medical Practitioners Act 1968 ............................................................ 36